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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/706,898
		Filing Date	November 13, 2003
		First Named Inventor	Gregory J. Saxton
		Group Art Unit	3617
		Examiner Name	F.F. Jules
Total Number of Pages in this Submission	18	Attorney Docket Number	DBH:0560.0074-006

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavit(s)/Declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Part(s)/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an application) <input type="checkbox"/> Drawings <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition To Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below) Postcard Receipt
Remarks: Please list this application in PAIR for Customer No. 00152.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Kurt A. Rohlf Chernoff, Vilhauer, McClung & Stenzel, LLP 601 SW Second Avenue Portland, Oregon 97204-3157
Signature	
Date	July 19, 2004

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date.

Type or print name	Kurt A. Rohlf		
Signature		Date	July 19, 2004



OPFEREE TRANSMITTAL for FY 2004

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37CFR 1.27

TOTAL AMOUNT OF PAYMENT \$478

Complete If Known	
Application Number	10/706,898
Filing Date	November 13, 2003
First Named Inventor	Gregory J. Saxton
Examiner Name	Frantz Jules
Art Unit	3617
Attorney Docket No.	DBH:0560.074-006

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None

Deposit Account

Deposit Account Number 03-1550
Deposit Account Name Chernoff Vilhauer McClung & Stenzel

The Commissioner is authorized to: (check all that apply)

Charge fees indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
 Charge any fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEES CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Code (\$)	Code (\$)		
1001 770	2001 385	Utility filing fee	
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
SUBTOTAL (1)		\$	

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	-20	=	0	x	18/9	=	0	Fee from below	Extra Claims	Fee Paid
Indep. Claims	7	- 4**	=	3	x	86/43	=	258		
Multiple Dependent										0

Large Entity Small Entity Fee Description

Fee Code (\$)	Fee Code (\$)	Fee (\$)	Fee Description
1202 18	2202 9	Claims in excess of 20	
1201 86	2201 43	Independent claims in excess of 3	
1203 290	2203 145	Multiple dependent claim, if not paid	
1204 86	2204 43	**Reissue independent claims over original patent	
1205 18	2205 9	*Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)		\$258	

**or number of previously paid, if greater. For reissues, see above.

FEES CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge-late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for ex parte reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1840*	1805	1840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	110
1252	420	2252	210	Extension for reply within second month	
1253	950	2253	475	Extension for reply within third month	
1254	1,480	2254	740	Extension for reply within fourth month	
1255	2,010	2255	1,005	Extension for reply within fifth month	
1401	330	2401	165	Notice of Appeal	
1402	330	2402	165	Filing a brief in support of an appeal	
1403	290	2403	145	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,330	2453	665	Petition to revive - unintentional	
1501	1,330	2501	665	Utility issue fee (or reissue)	
1502	480	2502	240	Design issue fee	
1503	640	2503	320	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt.	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	770	2809	385	Filing a submission after final rejection (37 C.F.R. 1.129(a))	
1810	770	2810	385	For each additional invention to be examined (37 CFR 1.129(b))	
1801	770	2801	385	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	
Other fee (specify) Terminal Disclaimer					110

* Reduced by Basic Filing Fee Paid **SUBTOTAL (3)** \$220

SUBMITTED BY

Complete (if applicable)

Name (print type)	Kurt A. Rohlfs	Registration No.	54,405	Telephone	(503) 227-5631
Signature		Date			July 19, 2004